

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32620

State File No. ....

OCT 14 1952

BIRTH NO. ....		REG. DIST. NO. 297		PRIMARY REG. DIST. NO. 6021		Registrar's No. 78			
1. PLACE OF DEATH a. COUNTY RAY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY RAY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - GRAPE GROVE				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - GRAPE GROVE					
d. FULL NAME OF HOSPITAL OR INSTITUTION Home - 11 mi. North of Hardin				d. STREET ADDRESS (If rural, give location) 11 mi. North of Hardin					
3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL		b. (Middle) GIDERN		c. (Last) NEWHAM		4. DATE OF DEATH (Month) (Day) (Year) OCT. 7, 1952			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH MAY 7, 1880			
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME SAMUEL K. NEWHAM		13b. MOTHER'S MAIDEN NAME FRANCES SHIRKY		14. NAME OF HUSBAND OR WIFE SALLIE E. NEWHAM			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME JOE S. NEWHAM		ADDRESS Cowdell, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Ind.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE John F. Baber, 3		(Degree or title) Coroner		23b. ADDRESS Richmond Mo.		23c. DATE SIGNED 10-7-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-9-52		24c. NAME OF CEMETERY OR CREMATORY Wakanda Am.		24d. LOCATION (City, town, or county) (State) Ray County Mo.			
DATE REC'D BY LOCAL REG. Oct 9-1952		REGISTRAR'S SIGNATURE Mahel Jackson		25. FUNERAL DIRECTOR'S SIGNATURE Knapack & Buchsbaum		ADDRESS Hardin, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

*August Borcharding*

Licensed Embalmer No. *4678*

P. O. Address *Harding, Mo.*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.